The following forms were encountered:

1. *Broncho-pneumonia* of the ordinary type encountered in infectious diseases, which does not depend upon the etiologic agent of the primary disease.
2. *Croupous pneumonia*, which is an accidental complication in the course of the disease.
3. *Hemorrhagic pneumonia.*
4. *Pneumonia ending in suppuration* of the lung.
5. *True caseous pneumonia*, with constant presence of tubercle bacilli.
6. *Pneumonia with giant-cell formation*, but without tubercle bacilli.

The first five forms are well known and present no feature of special interest. The sixth form differs from the others, both to the naked eye and in its microscopical appearances. It resembles caseous pneumonia, clinically, in its chronic course, and anatomically, in the appearance of the parts invaded by the process. Anatomically, two forms of this phenomenon may be distinguished. In one are found granular foci resembling tuberculous nodules; the second form, observed when the disease has developed during a comparatively long period, resembles caseous pneumonia or a focus of atelectasis. Often, beside the pneumonia and the reactionary lesions of the pleura, there are bronchiectases and emphysema, always bronchitis and enteritis.

The histologic lesions of this form of pneumonia resemble either those of a muco-purulent inflammation or those of muco-proliferative inflammation. Its principal characteristic is the existence, in the midst of the foci, of the giant-cells of Langhans. The bacteriology of this form of pneumonia is not constant. In the foci the author has found pneumococci, streptococci, staphylococci, and the bacillus pyocyaneus, either isolated or in association; in the cases complicated by diphtheria, bacilli identical with the bacilli of Loeffler were present. The fact, however, is insisted upon that in none of the cases were tubercle bacilli found, either by microscopic examination or by animal inoculation. Moreover, when sputum of rubeolous patients suffering from capillary bronchitis or pneumonia was injected into the veins of rabbits, pulmonary lesions were produced which resembled caseous pneumonia, but in which no tubercle bacilli could be found. These lesions appeared only when the animal did not succumb to pneumococcic septicæmia; and when animals were used which had been more or less immunized against the pneumococcus no specific microbes were found in these foci of experimental pneumonia. After discussing the hypotheses which could be advanced to explain this form of pneumonia, the author gives the following as the most probable: When such patients die early the autopsy reveals an ordinary pulmonary inflammation; or, if they survive the pulmonary infection, the organism becomes slowly immunized against the pneumonic toxins, and recovery may take place. But as the organism has been enfeebled by the morbillous poison, the absorption of the exudate is imperfect, because of the emphysema and the turgescence of the lung. The exudate and the bacteria whose toxins have immunized the organism are not eliminated, remain in the affected parts, and react upon the tissues as foreign bodies, giving place to the formation of giant-cells and provoking a proliferative inflammation.

This hypothesis explains the subacute or chronic course of this form of pneumonia and the rapid emaciation of the patient—two facts which have largely contributed to the confusion of this peculiar form of post-morbillous pneumonia with true caseous pneumonia.

The Effects of Bathing upon the New-born Infant.—CZERWENKA (*Wiener klinische Wochenschrift*, 1898, No. 11) has studied a series of 400 new-born infants, half of whom were bathed regularly after birth; the other half were not bathed. He found that bathing did not materially interfere with the desiccation of the cord, since the latter fell during the first seven days in 80 per cent. of those bathed and 94 per cent. of those not bathed. The danger of infection of the umbilical wound is not great, since it was observed only once in the two hundred cases. As to increase of weight, independently of the conditions of alimentation, the average has been found to be slightly greater among the infants who were bathed than among those who were not. The author concludes that regular bathing should be practised from the time of birth.

A Fatal Case of Poisoning by Bromoform.—MULLER (*Münchener medicinische Wochenschrift*, 1898, No. 38) reports a fatal termination from accidental poisoning by this drug in a child of two years. During the absence of the mother, the child had gained possession of the bottle containing about six grammes of bromoform and had emptied it. A few minutes later he exhibited symptoms of drunkenness. Emesis was provoked, but he soon fell into a profound slumber interrupted by general convulsions, which were accompanied by arrest of respiration and cyanosis of the face. The physician, who arrived two and a half hours later, found the child scarcely breathing, the eyes closed, the face pale and bluish, the pulse running, the hands cold, the pupils contracted, and the muscles relaxed. When removed from the bed another convulsion occurred. The stomach was washed out with great difficulty, the contentss melling strongly of bromoform. Removal of the tube was followed by convulsion, with cessation of respiration and arrest of the heart. Artificial respiration proved unsuccessful.

At the autopsy the stomach and duodenum were greatly congested and contained bromoform, chemical analysis yielding more than a gramme of the drug. Traces were found in the blood and in the viscera. The principal lesions were a liquid state of the blood, which was dark red in color, and a marked congestion of the viscera, particularly of the brain and its membranes. Death appeared to be due to asphyxia.

Noma Pudendi due to the Loeffler Bacillus.—FREYMUTH and PERTUSCHKY (*Deutsche medicinische Wochenschrift*, 1898, No. 14) report a case of gangrene of the vulva, perineum, and thighs in a child of three years, occurring three days after admission to hospital with the classical symptoms of measles. Bacteriological cultures of the affected area showed the presence of diphtheria bacilli, and an injection of antitoxin was accordingly made and repeated on the following day. Twenty-four hours later the reparative process began and continued without interruption. Six days after the second injection membrane appeared on the tonsils, but yielded readily to one injection of serum and disappeared after forty-eight hours. Recovery followed.